

Food Service Establishment Inspection Report

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|----------|---------------------------|-----|-----------------|----------------------|-------------|--|
| Name: | J. C. Booth Middle School | | | Establishment Number | 1-9076 | |
| Address: | 250 Peachtree Pky | | | Previous | 100 | |
| | Peachtree City, GA 30269 | | | Score | | |
| Year | Month | Day | Inspection Time | Purpose | Enforcement | |
| 2007 | 9 | 5 | 08:50 | Routine | 1 | |

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The items marked below as violations in the operation or facilities of your establishment must be corrected as specified in Section 290-5-14.11(d). Failure to correct violations will result in appropriate legal action as provided for in the Georgia laws or Food Service Rules. X INDICATES NON-COMPLIANCE.

| HAZARDOUS ITEMS (Category I) | | | | CRITICAL ITEMS (Category II) | | | | GENERAL ITEMS (Category III) | | | |
|--|-----|--------|-----|------------------------------|--|-----|--------|------------------------------|--------|--|--|
| Food | CAT | Points | | X ✓ | Sewage | CAT | Points | | X ✓ | | |
| | | Max | Min | | | | Max | Min | | | |
| 1. Safe; Approved Source | I | | | | 23. Sewage in Establishment | I | | | | | |
| 2. Adulterated, Container, Labeled, Dispensed | II | 10 | 5 | | 24. Approved Sewage System | III | 15 | 8 | | | |
| Personnel | | | | | Plumbing | | | | | | |
| 3. Disease Control; Personal Hygiene | I | | | | 25. Installation; Maintained | III | 4 | 2 | | | |
| 4. Tobacco, Clothes, Hair Restraints | II | 8 | 6 | | 26. No Cross-Connection; Back Siphonage | I | | | | | |
| Food Protection | | | | | Toilet and Handwashing Facilities | | | | | | |
| 5. Food Handling Techniques | I | | | | 27. Approved; Accessible | I | | | | | |
| 6. Protected from Contamination | II | 10 | 5 | | 28. Constructed; Maintained; Number | III | 4 | 2 | | | |
| 7. Storage Practices; Approved Containers | II | 10 | 5 | | 29. Clean; Proper Supplies Provided | II | 10 | 5 | | | |
| Temperature Control | | | | | Garbage and Refuse Disposal | | | | | | |
| 8. Enough Facilities to Maintain Food Temp | I | | | | 30. Containers, Covered, Number, Other | III | 8 | 4 | X | | |
| 9. Foods Rapidly Cooled; Held and Displayed | I | | | | 31. Storage Area; Clean, Construction | III | 5 | 3 | | | |
| 10. Food Cooked to Proper Temperature | I | | | | Physical Facilities | | | | | | |
| 11. Foods Rapidly Reheated; Properly Thawed | I | | | | 32. Floors, Walls, Ceilings | III | 6 | 3 | | | |
| Equipment and Utensils | | | | | 33. Lighting; Fixtures Shielded | III | 6 | 3 | | | |
| 12. Dishwash Facilities Acceptable, Operational | I | | | | 34. Ventilation; Sufficient, Maintained, Clean | III | 8 | 4 | | | |
| 13. Designed, Constructed, Installed, Located | III | 6 | 3 | | 35. Personnel Facilities Provided, Used | III | 2 | | | | |
| 14. Food Contact Surfaces Clean; Procedure | II | 15 | 8 | | Other Operations | | | | | | |
| 15. Approved Material; Maintained | II | 6 | 3 | | 36. Toxic Materials, Storage, Use, Label | I | | | | | |
| 16. Testing Equipment Provided (Thermometer) | II | 5 | 3 | | 37. Roaches, Flies, Rodents | III | 15 | 8 | | | |
| 17. Cloths; Clean, Properly Stored, Used | II | 4 | 2 | | 38. Proper Cleaning Methods Used | III | 2 | | | | |
| 18. Non-Food Contact Surfaces | III | 15 | 8 | | 39. Authorized Personnel, Animal Control | II | 5 | 2 | | | |
| 19. Storage; Handling Procedures | II | 6 | 3 | | 40. Inspection Report, Choking Poster, Permit Posted; Linen, Laundry | III | 2 | | | | |
| 20. Single Service Articles | II | 6 | 3 | | 41. Approved Area For Food Service Operation | III | 2 | | | | |
| Water | | | | | The following Category I Items were corrected at the time of the inspection: | | | | | | |
| 21. Approved Source; System Operational | I | | | | | | | | | | |
| 22. Hot and Cold Water as Required | II | 5 | 2 | | | | | | | | |
| 30 Keep dumpster closed and covered. Correct by next inspection. 37 Note: Lower weatherstrip/door sweep needs to be adjusted or replaced. Discussion: new regs/new report, spray bottle storage. | | | | | | | | | | | |
| Discussed with/Title Karen - mgr | | | | | Inspected By/Title: | | | | | | |